

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
03-009

2. STATE
Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
April 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$0
b. FFY 2003 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6-A
Pages 1 and 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 2.6-A
Pages 1 and 4

Washington (03-009)
Approved: 06/27/03
Effective: 04/01/03

10. SUBJECT OF AMENDMENT:

Income Eligibility Levels Reflecting the new Federal Poverty Level

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
DENNIS BRADDOCK

14. TITLE:
Secretary

15. DATE SUBMITTED: 5/15/03

16. RETURN TO:

Ann Myers
Department of Social and Health Services
Medical Assistance Administration
925 Plum St SE MS: 45533
Olympia, WA 98504-5533

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: MAY 16 2003

18. DATE APPROVED: JUN 27 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: APR - 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Karen S. O'Connor

22. TITLE:
Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:

5/15
Olympia
(CITY/STATE)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WASHINGTON

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC(TANF)-Related Groups Other Than Poverty Level Pregnant Women and Infants:

Maximum Payment

<u>Family Size</u>	<u>Need Standard</u>		<u>Payment Standard</u>
1	\$ 797	\$	349
2	1,008		440
3	1,247		546
4	1,467		642
5	1,690		740
6	1,918		841
7	2,215		971
8	2,452		1,075
9	2,693		*1,180
Maximum amount * \$1,075			

2. Pregnant Women and Infants under Section 1902 (a)(10)(i)(IV) of the Act:

Effective April 1, 2003, based on the following percent of the official Federal income poverty level--

 133 percent x 185 percent (no more than 185 percent)

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$ 1385</u>
<u>2</u>	<u>\$ 1869</u>
<u>3</u>	<u>\$ 2353</u>
<u>4</u>	<u>\$ 2837</u>
<u>5</u>	<u>\$ 3321</u>

TN # 03-009
Supersedes
TN # 01-008

Approval Date: JUN 27 2003

Effective Date: 4/1/03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WASHINGTON

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED
TO FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 19

The levels for determining income eligibility for groups of children who are born after December 31, 1972 and who have attained 6 years of age but are under 19 years of age under the provisions of section 1902(l)(2) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal Poverty Level (FPL).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$ 749</u>
<u>2</u>	<u>\$1010</u>
<u>3</u>	<u>\$1272</u>
<u>4</u>	<u>\$1534</u>
<u>5</u>	<u>\$1795</u>
<u>6</u>	<u>\$2057</u>
<u>7</u>	<u>\$2316</u>
<u>8</u>	<u>\$2580</u>
<u>9</u>	<u>\$2842</u>
<u>10</u>	<u>\$3104</u>

JUN 27 2003

TN # 03-009
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Approval Date: _____

Effective Date: 4/1/03